

CAUTIONS

GENERAL CAUTIONS Avoid contact with broken skin · avoid contact with inflamed skin

SPECIFIC CAUTIONS

- ▶ With topical use Avoid contact with eyes · avoid hot shower or bath just before or after application (burning sensation enhanced) · avoid inhalation of vapours · not to be used under tight bandages
- ▶ With transdermal use avoid contact with the face, scalp or in proximity to mucous membranes · avoid holding near eyes or mucous membranes · recent cardiovascular events · uncontrolled hypertension

SIDE-EFFECTS**GENERAL SIDE-EFFECTS**

- ▶ **Uncommon** Cough
- SPECIFIC SIDE-EFFECTS**
- ▶ **Common or very common**
- ▶ With transdermal use Sensation abnormal
- ▶ **Uncommon**
- ▶ With transdermal use Atrioventricular block · eye irritation · muscle spasms · nausea · palpitations · peripheral oedema · skin reactions · tachycardia · taste altered · throat irritation
- ▶ **Rare or very rare**
- ▶ With topical use Sneezing · watering eye
- ▶ **Frequency not known**
- ▶ With topical use Asthma exacerbated · dyspnoea · skin burning sensation (particularly if too much used or if administered more than 4 times daily) · skin irritation

MONITORING REQUIREMENTS

- ▶ With transdermal use Monitor blood pressure during treatment procedure.

HANDLING AND STORAGE

- ▶ With topical use Wash hands immediately after use (or wash hands 30 minutes after application if hands treated).
- ▶ With transdermal use Nitrile gloves to be worn while handling patches and cleaning treatment areas (latex gloves do not provide adequate protection).

NATIONAL FUNDING/ACCESS DECISIONS**QUTENZA[®]****Scottish Medicines Consortium (SMC) decisions**

The *Scottish Medicines Consortium* has advised (January 2011) that capsaicin 179 mg (8%) patch (*Qutenza[®]*) is accepted for restricted use within NHS Scotland for the treatment of postherpetic neuralgia in patients who have not achieved adequate pain relief from, or who have not tolerated conventional first and second line treatments. Treatment should be under the supervision of a specialist in pain management.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: cream

Cutaneous patch

EXCIPIENTS: May contain Butylated hydroxyanisole

- ▶ **Qutenza** (Grunenthal Ltd)

Capsaicin 179 mg Qutenza 179mg cutaneous patches | 1 patch [PoM] £210.00 DT = £210.00

Cream

EXCIPIENTS: May contain Benzyl alcohol, cetostearyl alcohol (including cetyl) and stearyl alcohol

- ▶ **Axsain** (Teva UK Ltd)

Capsaicin 750 microgram per 1 gram Axsain 0.075% cream | 45 gram [PoM] £14.58 DT = £14.58

- ▶ **Zacin** (Teva UK Ltd)

Capsaicin 250 microgram per 1 gram Zacin 0.025% cream | 45 gram [PoM] £17.71 DT = £17.71

7 Sleep disorders

7.1 Insomnia

Hypnotics and anxiolytics

Overview

Most anxiolytics ('sedatives') will induce sleep when given at night and most hypnotics will sedate when given during the day. Prescribing of these drugs is widespread but dependence (both physical and psychological) and tolerance occur. This may lead to difficulty in withdrawing the drug after the patient has been taking it regularly for more than a few weeks. Hypnotics and anxiolytics should therefore be reserved for short courses to alleviate acute conditions after causal factors have been established.

Benzodiazepines are the most commonly used anxiolytics and hypnotics; they act at benzodiazepine receptors which are associated with gamma-aminobutyric acid (GABA) receptors. Older drugs such as meprobamate p. 363 and barbiturates are **not** recommended—they have more side-effects and interactions than benzodiazepines and are much more dangerous in overdose.

Benzodiazepine indications

- Benzodiazepines are indicated for the short-term relief (two to four weeks only) of anxiety that is severe, disabling, or causing the patient unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic, or psychotic illness.
- The use of benzodiazepines to treat short-term 'mild' anxiety is inappropriate.
- Benzodiazepines should be used to treat insomnia only when it is severe, disabling, or causing the patient extreme distress.

Dependence and withdrawal

Withdrawal of a benzodiazepine should be gradual because abrupt withdrawal may produce confusion, toxic psychosis, convulsions, or a condition resembling delirium tremens. The benzodiazepine withdrawal syndrome may develop at any time up to 3 weeks after stopping a long-acting benzodiazepine, but may occur within a day in the case of a short-acting one. It is characterised by insomnia, anxiety, loss of appetite and of body-weight, tremor, perspiration, tinnitus, and perceptual disturbances. Some symptoms may be similar to the original complaint and encourage further prescribing; some symptoms may continue for weeks or months after stopping benzodiazepines.

Benzodiazepine withdrawal should be flexible and carried out at a reduction rate that is tolerable for the patient. The rate should depend on the initial dose of benzodiazepine, duration of use, and the patient's clinical response. Short-term users of benzodiazepines (2–4 weeks only) can usually taper off within 2–4 weeks. However, long-term users should be withdrawn over a much longer period of several months or more.

A suggested protocol for withdrawal for prescribed long-term benzodiazepine patients is as follows:

- Transfer patient stepwise, one dose at a time over about a week, to an equivalent daily dose of diazepam preferably taken at night.
- Reduce diazepam dose, usually by 1–2 mg every 2–4 weeks (in patients taking high doses of benzodiazepines, initially it may be appropriate to reduce the dose by up to one-tenth every 1–2 weeks). If uncomfortable withdrawal symptoms occur, maintain this dose until symptoms lessen.